

**American Association of Veterinary State Boards
Program for the Assessment of
Veterinary Education Equivalence (PAVE)**

AFFIDAVIT AND AUTHORIZATION FOR RELEASE OF INFORMATION FROM APPLICANT

I, _____ (Applicant's Full Name) hereby certify under oath that I am the person named in this application; that all information given in this application is true and accurate to the best of my knowledge, and that the photographs enclosed are recent photographs of me.

I understand that (1) falsification of this application, or (2) the submission of any falsified education documents to AAVSB, or (3) the submission of any falsified AAVSB PAVE documents to other agencies, or (4) the giving or receiving of aid in the examination, may be sufficient cause for AAVSB to bar me from the PAVE Program, to terminate my participation in the PAVE Program, to invalidate the results of my examination, to withhold a PAVE certificate, to revoke a PAVE certificate, or to take other appropriate action.

I understand that the AAVSB PAVE Certificate and any and all copies thereof remain the property of AAVSB and must be returned to AAVSB, if AAVSB determines that the holder of the certificate was not eligible to receive it, or that it was otherwise issued in error.

I designate the American Association of Veterinary State Boards' Veterinary Information Verifying Agency to collect, verify and maintain information, and copies of documents and records that can subsequently be provided to professional licensing boards and other entities when I apply for licensure, employment or other privileges.

I request and authorize every person, educational institution, hospital, clinic, government agency (local, state, federal or foreign), court association, institution, or law enforcement agency having control of any documents, records, and other information pertaining to me to furnish to AAVSB any such information.

I authorize the AAVSB to release information, material, documents, orders or the like relating to me or this application to any federal, state or local governmental department or agency, to any animal health care entity, or to any other organization or individual who, in the judgment of AAVSB, has a legitimate interest in such information, including but not limited to AAVSB's License Information Database.

I understand that if I receive AAVSB's PAVE certification, I will be eligible to take the veterinary licensing examination only in those states and jurisdictions that recognize PAVE certification, provided that I am otherwise eligible for licensure in any such state or jurisdiction. I further understand that not all states accept PAVE certification. I understand and agree that it is incumbent upon me to contact the veterinary board in the state or jurisdiction where I seek to be licensed to determine whether such state or jurisdiction accepts PAVE certification and whether I meet the other requirements for licensure in that state or jurisdiction. I further understand that AAVSB makes no representations as to my eligibility for licensure as a veterinarian in any state or jurisdiction.

I hereby certify that I have read the PAVE Application and Instructions and the program Standards and Policies and have followed all procedures for the PAVE application to the best of my abilities.

I hereby extend absolute immunity to, and release, discharge, and hold harmless the American Association of Veterinary State Boards and its Program for the Assessment of Veterinary Education Equivalence and *Veterinary Information Verifying Agency*, its agents or representatives and any person furnishing information, from any and all liability.

A photocopy or facsimile of this authorization shall be as valid as the original and shall be valid from the date signed.

Applicant must sign his/her full name as it appears in English on the first line below, but only in the presence of one of the following officials who must complete the last two lines of the application: a Consular Official, First-Class Magistrate, or Notary Public. The seal, stamp or signature of the official must overlap a portion of both the attached photograph and form.

Applicant's Signature (as it appears in English)

Subscribed and sworn to before me this _____ day of _____, 20 _____

X _____

Official Title _____

Signature of a Consular Official, a First-Class Magistrate, or a Notary Public (see box above). If official title and/or seal are not in English, AAVSB requires a translation. Alterations or erasures of any kind on this form will void this application.

**ATTACH
ONE
PHOTOGRAPH
HERE**

One additional identical photograph must accompany this application.

Seal, stamp, or signature of official must be legible and overlap a portion of both the attached photograph and application form.

Do not cover the face in the photograph.